## Availability Workgoup Meeting Minutes - 11/15/06

The following members were present:

Elizabeth Chung Jackie Douge' Monica Grant Leigh Joos Renee Kyttle Eileen McGrath Quankeiair Scott Marilea Miller

Minutes from the 10/04/06 meeting were reviewed and approved.

Summary of the 10/26/06 ICCC (Interim Coalition Coordinating Committee) meeting was given by Leigh Joos; please refer to ICCC minutes previously provided via email to the availability group. Leigh emphasized that this group is an interim committee whose initial purposes will be to draft bylaws and a mission/vision statement to be approved by the larger coalition and foster communication among the committees. It is anticipated that this group will exist for a period of 6-9 months to facilitate the organization of the coalition and that a more formal steering committee with leadership emerging from the larger coalition will be developed after this interim period. The facilitator of the ICCC will be Monica Grant(FCHD); co-facilitator-Jim Williams(FMH). The coalition will need an official name, which will be voted on by the entire coalition; if you have suggestions, please forward them to Brenda Lee.

Elizabeth Chung discussed her thoughts regarding possible grant applications. As she shared at the previous meeting, she was considering applying for a Kellogg grant which would address the needs of Frederick's Asian community for culturally competent/accessible healthcare and/or health education. (She noted that the Asian population in Frederick County is approx. 10,000, but that this represents a 400% increase over the past 10 years.) Since becoming involved with the healthcare coalition and the availability workgroup, she wondered if perhaps her efforts should be redirected toward funding for a clinic model. After some group discussion, it was generally felt that, at this point in time, the coalition/workgroup is not prepared to make an application for a specific project. Elizabeth was encouraged by members of the workgroup to continue her pursuit of the Asian health grant application if she so chooses.

Dr Miller shared information about Dr. Menocal's new family practice which opened this month. He is located on Baughman's Lane (Potomac Health building) and is accepting patients with all Medical Assistance MCOs and patients without insurance, who may pay sliding scale fees. He would like to expand his practice in the coming months to hopefully accommodate all indigent patients in the county. The possibility of a coalition partnership with Dr. Menocal was briefly discussed.

Leigh Joos shared information about the REACH program in Anne Arundel County and similar programs which coordinate primary and specialty care in physician's offices, as well as follow-up medical tests, labs, and prescriptions. After meeting eligibility requirements (which can vary with the program), participants receive care at a sliding scale rate (or free, depending on program). The care is covered under the provider's existing malpractice insurance since they are seen within the practice, although some programs include a "will not sue" clause in the client's contract. Providers also sign contracts/agreements predetermining the number of patients (not visits) they will accept in a week, month, or year. There are many variations of these programs and varying levels of case management. Some provide/coordinate transportation and interpreter services as well. REACH, started in July 1999, has a network of 171 primary care providers, 554 specialists, 3 hospitals, lab/radiology services and 3 urgent care centers. They also have a contract with a pharmacy discount program, Scriptsave, which anyone in the county can utilize, offering 25-40% discounts on pharmaceuticals and medical supplies. 5560 residents have been cared for through the REACH program with 1600 currently active. Over \$11 million in charity care provided and 4830 referrals have been coordinated. Their 5 FT/1PT case managers are funded through the health department with the "Health Officer's discretionary funds for primary care".

Additional information available at www.aahealth.org

For info on similar programs, group members may check out: <a href="www.apanonline.org">www.apanonline.org</a> includes a number of community program website links, <a href="www.healthaccessproject.org">www.healthaccessproject.org</a> www.wmhs.com (Allegany Co. MD-go to "For Your Health"-CHAP)

The group discussed the "pros" and "cons" of this type of program. It obviously requires a great deal of "buy-in" from local health care providers and that concerned group members; it could, however, be initiated and developed with minimal funding.

Monica will ask the Health Administrator at the Health Dept. if any FCHD funds could potentially be used to cover case management services for a program like REACH.

A health provider survey of willingness to provide care to the un/underinsured was discussed previously by the workgroup. Following discussion of potential provider concerns and possible reluctance to commit to care in the absence of a structure for referrals, prescriptions, liability etc., the consensus of the group seemed to favor the organization of a program which would anticipate and answer these concerns prior to physician surveys/recruitment.

Program possibilities/development will be discussed at the next meeting, to be held:

Wednesday, December 13th, 4-6pm at FMH (exact location TBD by Dr. Miller)